

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES DISTRICT COURT COURT OF APPEALS OTHER (Specify Below)

IN THE CASE OF

_____ V. _____

FOR _____
AT _____

LOCATION
NUMBER

PERSON REPRESENTED (Show your full name)

CHARGE/OFFENSE (Describe if applicable & check box→) Felony Misdemeanor

- 1 Defendant - Adult
- 2 Defendant - Juvenile
- 3 Appellant
- 4 Probation Violator
- 5 Supervised Release Violator
- 6 Habeas Petitioner
- 7 2255 Petitioner
- 8 Material Witness
- 9 Other (Specify) _____

| |
|-----------------------|
| DOCKET NUMBERS |
| Magistrate Judge |
| District Court |
| Court of Appeals |

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

| INCOME & ASSETS | EMPLOYMENT | Do you have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES , how much do you earn per month? _____ Will you still have a job after this arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|---------------------------|------|----------|-------|-------------------|----------|-------|------|----------|-------|--------------|----------|-------|----------------|----------|-------|
| | PROPERTY | Do you own any of the following, and if so, what is it worth? <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">APPROXIMATE VALUE</th> <th style="width: 40%; text-align: center;">DESCRIPTION & AMOUNT OWED</th> </tr> </thead> <tbody> <tr><td>Home</td><td>\$ _____</td><td>_____</td></tr> <tr><td>Car/Truck/Vehicle</td><td>\$ _____</td><td>_____</td></tr> <tr><td>Boat</td><td>\$ _____</td><td>_____</td></tr> <tr><td>Stocks/bonds</td><td>\$ _____</td><td>_____</td></tr> <tr><td>Other property</td><td>\$ _____</td><td>_____</td></tr> </tbody> </table> | | APPROXIMATE VALUE | DESCRIPTION & AMOUNT OWED | Home | \$ _____ | _____ | Car/Truck/Vehicle | \$ _____ | _____ | Boat | \$ _____ | _____ | Stocks/bonds | \$ _____ | _____ | Other property | \$ _____ | _____ |
| | | APPROXIMATE VALUE | DESCRIPTION & AMOUNT OWED | | | | | | | | | | | | | | | | | |
| Home | \$ _____ | _____ | | | | | | | | | | | | | | | | | | |
| Car/Truck/Vehicle | \$ _____ | _____ | | | | | | | | | | | | | | | | | | |
| Boat | \$ _____ | _____ | | | | | | | | | | | | | | | | | | |
| Stocks/bonds | \$ _____ | _____ | | | | | | | | | | | | | | | | | | |
| Other property | \$ _____ | _____ | | | | | | | | | | | | | | | | | | |
| CASH & BANK ACCOUNTS | Do you have any cash, or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES , give the total approximate amount after monthly expenses \$ _____ | | | | | | | | | | | | | | | | | | | |

| | | | |
|-------------------------------------------|---------------------------------------------------|------------------------|-------------------|
| OBLIGATIONS, EXPENSES, & DEBTS | How many people do you financially support? _____ | | |
| | BILLS & DEBTS | MONTHLY EXPENSE | TOTAL DEBT |
| | Housing | \$ _____ | \$ _____ |
| | Groceries | \$ _____ | \$ _____ |
| | Medical expenses | \$ _____ | \$ _____ |
| | Utilities | \$ _____ | \$ _____ |
| | Credit cards | \$ _____ | \$ _____ |
| | Car/Truck/Vehicle | \$ _____ | \$ _____ |
| | Childcare | \$ _____ | \$ _____ |
| | Child support | \$ _____ | \$ _____ |
| | Insurance | \$ _____ | \$ _____ |
| | Loans | \$ _____ | \$ _____ |
| | Fines | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ | |

I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DEFENDANT
(OR PERSON SEEKING REPRESENTATION)

Date